



**Australian Government**  

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**Repatriation Medical Authority**

Twenty-seventh Annual Report  
**2020/2021**

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For further information, contact:

The Registrar  
Repatriation Medical Authority  
GPO Box 1014  
BRISBANE QLD 4001

T: +61 7 3815 9404

F: +61 7 3815 9412

W: <http://www.rma.gov.au>

E: [info@rma.gov.au](mailto:info@rma.gov.au)



**Australian Government**  
**Repatriation Medical Authority**

The Hon. Andrew Gee MP  
Minister for Veterans' Affairs  
Minister for Defence Personnel  
Parliament House  
CANBERRA ACT 2600

Dear Minister

On behalf of the Repatriation Medical Authority, I am pleased to submit this report for the year ended 30 June 2021.

Yours sincerely

A handwritten signature in black ink, appearing to read 'T. Campbell'.

Professor Terence Campbell AM  
Chairperson

30 September 2021

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Level 8  
480 Queen Street  
Brisbane QLD 4000

GPO Box 1014  
Brisbane QLD 4001

ABN 23 964 290 824

Telephone: (07) 3815 9404  
Facsimile (07) 3815 9412  
Email: [info@rma.gov.au](mailto:info@rma.gov.au)  
Website <http://www.rma.gov.au>

# Contents

<b>EXECUTIVE STATEMENT BY THE CHAIRPERSON</b>	<b>5</b>
Workloads	5
Principal Medical Researcher	5
COVID-19	6
Meetings	6
Appointments	6
<b>BACKGROUND AND FUNCTION</b>	<b>7</b>
<b>THE AUTHORITY</b>	<b>10</b>
Members	10
Member remuneration	12
Meetings	12
RMA Secretariat	12
Website	12
Freedom of Information	13
<b>STATEMENTS OF PRINCIPLES</b>	<b>14</b>
Determinations	14
Investigations and reviews	14
Distribution	21
<b>REVIEWS BY THE SPECIALIST MEDICAL REVIEW COUNCIL</b>	<b>22</b>
Reviews	22
<b>DEPARTMENT OF VETERANS' AFFAIRS</b>	<b>23</b>
<b>EX-SERVICE ORGANISATIONS</b>	<b>24</b>
<b>FINANCIAL</b>	<b>25</b>
<b>APPENDICES</b>	<b>26</b>
Appendix 1: RMA Secretariat staffing structure	26
Appendix 2: Statements of Principles determined 2020/21	27
Appendix 3: Outstanding investigations and reviews as at 30/06/2019	31
Glossary of terms	33
<b>TABLES</b>	
Table 1: Requests under the FOI Act	13
Table 2: Statements of Principles	14
Table 3: Overview of investigations and reviews	15
Table 4: Outcome of investigations and reviews	16
Table 5: Financial expenditure	25
Table 6: Outstanding reviews pursuant to s 196B(7)	31
Table 7: Outstanding reviews pursuant to s 196B(7A)	32
<b>FIGURES</b>	
Figure 1: Determination of Statements of Principles	9

# Executive Statement by the Chairperson

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The Repatriation Medical Authority (the Authority) completed its twenty-seventh year of operation in 2020-2021. The Authority finalised sixty-five (65) investigations of the sound medical-scientific evidence for various conditions in the course of the year, determining one hundred and twenty-seven (127) Statements of Principles (SOPs) including SOPs for six (6) new conditions (transverse myelitis, hypogonadism, posterior tibialis tendinopathy, hyperacusis, toxic vestibulopathy and pure red cell aplasia).

There are now 712 SOPs on the Federal Register of Legislation covering some 356 diseases and injuries related to service.

## Workloads

Over the reporting period fifty-four (54) investigations involving either a complete review of an existing SOP or a determination of SOPs for a new condition were completed. As well eleven (11) separate investigations involving some of the contents of the SOPs were finalised. The latter investigations are conducted when the Authority becomes aware of a deficiency in the existing SOP for a disease or injury either of its own accord or when it is notified by a serving member, a veteran, or the Military Rehabilitation and Compensation Commission or the Repatriation Commission (the Commissions) of such.

In the current year there were thirty-four (39 in 2019-2020) requests for the review of existing SOPs. Seventeen (17) of these requests were refused under s 196CA of the *Veterans' Entitlements Act 1986* (the VEA) as the request did not identify sufficient relevant information to support the grounds on which the review was sought or otherwise justify a review. These requests generally involve an initial review of the relevant sound medical-scientific evidence and in these cases there was also insufficient sound medical-scientific evidence available to the Authority to indicate that the matter ought to be investigated for the purposes of the VEA.

The Secretariat that provides support to the Authority maintained a stable staffing of seven full-time medical research staff in an agency of twelve (12) full-time and part-time staff. While it is the Authority's policy to give stakeholders additional time to make submissions and provide feedback following gazettal of investigations, the time taken for completion of full reviews of SOPs was reduced to an average of around 9.5 months in 2020-2021, reflecting the impact of the additional staff member recruited in 2020.

## Principal Medical Researcher

The year also saw the establishment of a Principal Medical Researcher (PMR) position in the Authority Secretariat. The principal output of the Authority is the SOPs and their determination involves transferring the medical science into legislative factors which connect a particular kind of injury, disease or death with the circumstances of military service. The PMR role reflects both a developed expertise in medical research and the ability to provide specific assistance to the legally qualified staff in drawing these instruments for the Authority's consideration.

The PMR position also provides a career path for the research staff who wish to seek additional responsibilities.

## COVID-19

In order to ensure the SOPs reflect the evolving evidence concerning the sequelae of COVID-19 infection, the Authority determined amendments to the SOPs for cerebrovascular accident, Guillain-Barre syndrome and ischaemic heart disease, including infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) as a cause of these diseases. This will assist the claimants, as well as the Commissions in determining any claims that arise.

## Meetings

As with the general community, intermittent lockdowns and other restrictions meant that the Authority Secretariat staff worked remotely part of the time and, save for the June 2021 meeting, the Authority conducted its meetings entirely remotely. In order to better accommodate the workflow remotely, the Authority moved to monthly meetings in the 2021 year.

## Appointments

The Authority has an enviable reputation for its work and I was pleased to receive the Minister's appointment as Chairperson commencing 1 July 2021. My predecessor Professor Nicholas Saunders has bequeathed a vibrant and intellectually curious organisation which produces high quality legislative instruments and is concerned to strengthen the legislative scheme supporting serving members and veterans, and I thank him for his work.

I am also pleased to advise that the Minister has reappointed Professor Flavia Ciccitini as a Member for a further term of appointment from 1 July 2021. The continuing availability of the members of the Authority despite their other significant professional commitments assists in ensuring the consistent outcomes necessary to support the legislative scheme.



Professor Terry Campbell AM  
Chairperson

# Background and Function

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A formal review of the Veterans compensation program was prompted by the 1992 Auditor-General's report on the compensation provided to them and their dependants by the Department of Veterans' Affairs (DVA); the High Court case of *Bushell*<sup>1</sup>; and the inquiry by the Senate Committee on Legal and Constitutional Affairs. The Veterans' Compensation Review Committee, chaired by Professor Peter Baume, took evidence from the veteran community and issued its report, 'A Fair Go' in March 1994.

The Authority arose from the recommendation of the Baume Committee that an expert medical committee be formed. It was considered that such a committee would assist in providing a more equitable and consistent system of determining claims for disability pensions for veterans and their dependants.

The Government announced the establishment of the Authority in the 1994/95 Federal Budget. The VEA was amended to reflect this announcement on 30 June 1994.

The functions of the Authority are specified in s 196B of the VEA. The major function of the Authority is to determine SOPs in respect of particular kinds of injury, disease or death, based on "sound medical scientific evidence" for the purpose of applying the applicable standards of proof relating to veterans' matters; the "reasonable hypothesis" standard and the "reasonable satisfaction" (or "balance of probabilities") standard.

The passage of the *Military Rehabilitation and Compensation Act 2004* (the MRCA) extended the application of SOPs to the consideration of claims to have injury, disease or death accepted as service-related under that Act for all service on or after 1 July 2004.

A SOP in respect of a particular kind of injury, disease or death which applies for the purposes of the "reasonable hypothesis" standard of proof details the factors that must as a minimum exist and which must be related to relevant service rendered by a person, before it can be said that a reasonable hypothesis has been raised connecting an injury, disease or death of that kind with the circumstances of that service.

A SOP which applies for the purposes of the "reasonable satisfaction" standard of proof sets out the factors that must exist and which must be related to relevant service rendered by a person, before it can be said that, on the balance of probabilities, an injury, disease or death of that kind is connected with the circumstances of that service.

The Authority is not concerned with individual claims or cases, but with the task of developing SOPs in order for the Repatriation Commission and Military Rehabilitation and Compensation Commission to assess claims for disability pension.

The function of the Authority is to conduct investigations either on its own initiative or when it receives a request under s 196E of the VEA in respect of a particular kind of injury, disease or death. Investigations may lead to the determination of a new SOP, an amendment of an existing SOP, or a decision not to determine or amend a SOP, depending upon whether the Authority is of the view that there is sufficient sound medical scientific evidence on which it can rely to determine a new, or amend an existing, SOP.

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<sup>1</sup> *Bushell v Repatriation Commission* (1992) 175 CLR 408.

Sound medical scientific evidence is defined in s 5AB(2) of the VEA as follows:

“Information about a particular kind of injury, disease or death is taken to be sound medical-scientific evidence if:

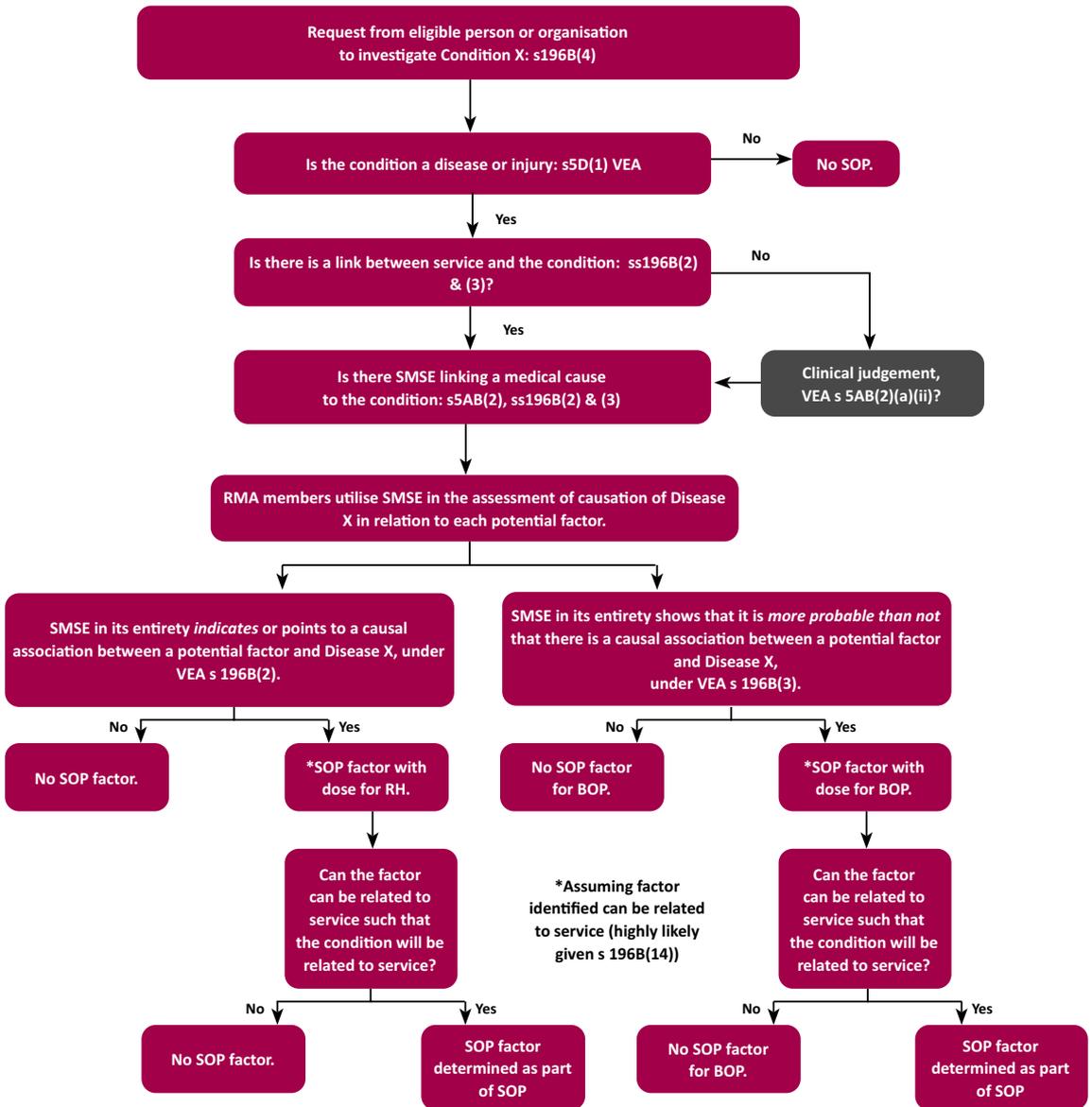
1. the information:
  - (i) is consistent with material relating to medical science that has been published in a medical or scientific publication and has been, in the opinion of the Repatriation Medical Authority, subjected to a peer review process; or
  - (ii) in accordance with generally accepted medical practice, would serve as the basis for the diagnosis and management of a medical condition; and
2. in the case of information about how that kind of injury, disease or death may be caused – meets the applicable criteria for assessing causation currently applied in the field of epidemiology.”

The *Veterans' Affairs Legislation Amendment (Statements of Principles and Other Measures) Act 2007*, which commenced in 2007, provides the Authority with the discretionary power to determine whether a review of the contents of an existing SOP would be undertaken in relation to some or all of the contents of the SOP.

A SOP is a legislative instrument for the purposes of the *Legislation Act 2003* (Legislation Act). The Legislation Act requires legislative instruments to be reissued within approximately ten years of determination, or automatically lapse (sunset) and cease to have legal effect except if extended by a resolution of Parliament or a certificate issued by the Attorney-General.

The flow chart (Figure 1) sets out the process of consideration adopted by the Authority in its determination of SOPs for a new condition. The process is the same for a review of an existing condition, except that consideration of whether the condition is a disease or injury is not usually necessary.

**Figure 1: Determination of Statements of Principles for a new condition**



A similar course of decision making occurs when the Authority initiates the SOP determination process of its own violation.

# The Authority

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## Members

The membership of the Repatriation Medical Authority comprises a Chairperson and four other members who are all eminent medical or scientific experts. Members work on a part-time basis and are appointed by the Minister for Veterans' Affairs. There is a legislative requirement for at least one member to have at least five years' experience in the field of epidemiology. Members hold office for such period, not exceeding five years, as is specified in the instrument of appointment. They are eligible for reappointment.

The Authority's membership was unchanged for the 2020/21 reporting period. It was constituted by Professor Nicholas Saunders AO as Chairperson, with Professors Gerard Byrne, Flavia Cicuttini, Jenny Doust and John Kaldor as Members.

Professor Saunders' term expired on 30 June 2021 and he did not seek re-appointment. Professor Terence Campbell was appointed to succeed him for a five (5) year term commencing on 1 July 2021.



**Professor Terence Campbell AM, MD (UNSW), DPhil (Oxon), FRACP.** Professor Campbell is a Fellow and Past-President of the Cardiac Society of Australia and New Zealand and is now Emeritus Professor of Medicine at the University of New South Wales (UNSW) and a Pro-Chancellor, having been both Professor of Medicine at St Vincent's Hospital, Sydney, and Deputy Dean of Medicine at UNSW. In 2003 Professor Campbell was awarded a Member, Order of Australia (AM) for service to medicine.

Professor Campbell's term of appointment is to 30 June 2026.



**Professor Gerard Byrne, BSc(Med), MBBS (Hons), PhD, FRANZCP.** Professor Byrne is Head of the Discipline of Psychiatry within the School of Clinical Medicine at the University of Queensland and Director of Geriatric Psychiatry at the Royal Brisbane and Women's Hospital. He chairs the Research Advisory Committee at the Royal Brisbane and Women's Hospital and is a member of the advisory board of the Clem Jones Centre for Ageing Dementia Research at the Queensland Brain Institute. Professor Byrne has active research interests in depression, anxiety and dementia in older people.

Professor Byrne's term of appointment is to 30 June 2022.



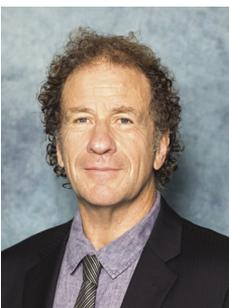
**Professor Flavia Cicuttini AM**, AM, MBBS (Monash), PhD , FRACP, MSc (Lond), DLSHTM, FAFPHM, FAAHMS. Professor Cicuttini is Head of Rheumatology, Alfred Hospital and Head of Musculoskeletal Unit, School of Epidemiology and Preventive Medicine, Monash University. Professor Cicuttini leads an active research group aimed at developing new approaches to the prevention and treatment of osteoarthritis.

Professor Cicuttini was first appointed to the Authority on 1 July 2009, and her current term of appointment expires on 30 June 2026.



**Professor Jenny Doust**, BA, BEcons, BMBS, Grad Dip Clin Epi, PhD, FRACGP. Professor Doust is Professor of Clinical Epidemiology in the Centre for Research in Evidence Based Practice at Bond University and Clinical Professorial Research Fellow in the Centre for Longitudinal and Lifecourse Research at the University of Queensland. She also works as a general practitioner in Brisbane. Her research areas of interest are the use of diagnostic, screening and monitoring tests in general practice and the problem of overdiagnosis. Professor Doust is also a member of Working Group for Cochrane Collaboration Systematic Review of Diagnostic Test Accuracy and the Queensland Government My Health for Life Clinical Advisory Group.

Professor Doust's term of appointment is to 30 September 2025.



**Professor John Kaldor**, PhD. Professor Kaldor is a Professor of Epidemiology and NHMRC Senior Principal Research Fellow at the Kirby Institute, University of New South Wales, where he has worked for over 25 years. Previously Professor Kaldor was with the International Agency for Research on Cancer, in Lyon, France. He is a past President of the Australasian Epidemiological Association (1996-2000). Professor Kaldor has active research interests in public health interventions, particularly as they relate to infectious diseases.

Professor Kaldor's term of appointment is to 1 February 2022.

## Member remuneration

Since June 1998, the Remuneration Tribunal has determined the remuneration for the Chairperson and Members of the Authority.

The Chairperson and Members receive an annual retainer, and a daily allowance payable for attendance at meetings and other business of the Authority. The details of the rates payable during the reporting period are contained in *Remuneration Tribunal (Remuneration and Allowances for Holders of Part-time Public Office) Determination 2020*. The Remuneration Tribunal reviews the rates annually. The provisions applying to travel on official business are contained in the *Remuneration Tribunal (Official Travel) Determination 2019*, the latter Determination having effect from 16 August 2019.

## Meetings

The Authority held meetings in Brisbane or online during 2020/21 on the following dates:

4 & 5 August 2020	10 March 2021
6 & 7 October 2020	7 April 2021
8 & 9 December 2020	5 May 2021
10 February 2021	9 June 2021

In accordance with s 196R of the VEA, minutes are kept of the proceedings of each meeting.

## RMA Secretariat

The staff (see Appendix 1 – RMA Secretariat staffing structure) necessary to assist the Authority consists of persons appointed or employed under the *Public Service Act 1999* and made available to the Authority by the Secretary of the DVA. For the year 2020/21, staffing of the Secretariat equated to 11.5 FTE (Full-Time Equivalent) positions.

## Website

The Authority's website address is <http://www.rma.gov.au>. The website offers direct access to SOPs, Authority publications, and information on current investigations and reviews. The Legislation Act requires the Authority to prepare compilations of SOPs where a SOP is amended, and links to those compilation SOPs are provided on the Authority's website, as well as to the Principal Instrument and each Amendment SOP.

Initially created in 2000, the Authority's website facilitates accessibility and timeliness of services to clients and stakeholders. Features of the website include:

- ease of access to view on smart phones and tablets;
- a comprehensive site map to enhance website navigation;
- a Frequently Asked Questions (FAQs) page;
- the facility to electronically lodge requests for investigation or review of SOPs, and submissions in relation to investigations and reviews being undertaken; and
- current and historical information, including SOPs, Explanatory Statements tabled in Parliament and other important documents regarding a disease or injury which are available on a single page specific to each condition.

The website received more than 255,237 unique visits over the course of the 2020/21 year. As at 30 June 2021, there were 681 subscribers receiving updates. Subscribers to the website receive notification of all changes to the website, including outcomes of meetings, SOPs determined and investigations advertised or completed.

The Authority regards the website as its principal method of communicating information, distributing SOPs and related information, and interacting with stakeholders.

## Freedom of Information

Agencies subject to the *Freedom of Information Act 1982* (FOI Act) are required to publish information to the public as part of the Information Publication Scheme (IPS). Each agency must display on its website a plan showing what information it publishes in accordance with the IPS requirements. The plan and other published information can be accessed on the Authority website at <http://www.rma.gov.au/foi/main.htm>.

Three requests under the FOI Act were received during the reporting period.

**Table 1: Requests under the FOI Act**

	2020/21	2019/20	2018/19
Information requested/provided under s 196I <sup>1</sup>	5	3	2
Requests received	7	3	3
Invalid requests	0	0	0
Requests granted	6	3	3
Requests refused (in full or part) <sup>2</sup>	1	3	2
Requests completed <sup>3</sup>	7	3	3

- 1 Section 196I of the VEA which provides for eligible persons and organisations to access documents containing information considered by the Authority as part of an investigation, is the Authority's preferred mechanism for providing information and incurs no charge. In some cases not all aspects of a request can be addressed under s 196I. In 2020-2021 all requests under s 196I could be granted.
- 2 Request formally refused as that document is open to public access (reference given).
- 3 Some requests completed may have been dealt with in a number of ways (e.g. some information requested being provided under s 196I, some information requested being refused in part as exempt and access granted to other information requested). Accordingly, the number of completed requests may not equate to the total numbers in each column.

# Statements of Principles

## Determinations

At its formal meetings during 2020/21, the Authority determined a total of 127 SOPs. The various categories of SOPs determined are set out in Table 2, and the specific SOPs repealed and determined are detailed in Appendix 2.

**Table 2: Statements of Principles**

Action	2020/21	2019/20	2018/19
Repealed SOPs <sup>1</sup>	98	56	74
Re-issued SOPs <sup>2,3</sup>	96	54	76
SOPs issued for new conditions	12	4	6
Amended SOPs <sup>4</sup>	19	19	55
Other instruments determined <sup>5</sup>	1	4	4
Total number of SOPs determined	127	75	137

- 1 The figures cited refer only to SOPs which are the principal instrument. Amending SOPs are automatically repealed pursuant to section 48 of the Legislation Act 2003.
- 2 The description and definition of the kind of injury, disease or death with which the SOP is concerned may vary slightly from that of the repealed SOP due to changes in accepted nomenclature and developments in medical science.
- 3 The disparity between the numbers of SOPs repealed and reissued arises as a result of the merger of the SOPs for chronic venous insufficiency of the lower limb (Nos. 29 & 30 of 2012) and varicose veins of the lower limb (Nos. 120 & 121 of 2011) and the determination of more comprehensive new SOPs for chronic venous insufficiency of the lower limb and varicose veins of the lower limb (Nos. 7 and 8 of 2020).
- 4 An investigation may be conducted into some of the contents of a SOP (s 196B(7A) of the VEA). This may result in an amendment to only one of the SOPs for a particular kind of injury, disease or death.
- 5 This is the number of investigations that resulted in relevant declarations that a SOP would not be determined or amended in accordance with ss 196B(6) & (9) of the VEA.

Since its inception, the Authority has determined 2703 SOPs, with 356 particular kinds of injury or disease currently covered by SOPs.

## Investigations and reviews

Under s 196E of the VEA the Repatriation Commission, the Military Rehabilitation and Compensation Commission, an ex-service person or eligible dependant, an organisation representing veterans or their dependants, or persons eligible to make a claim under the MRCA may request the Authority to carry out an investigation in respect of a particular kind of injury, disease or death, or to review the contents of a SOP. Subsection 196B(7A) of the VEA allows the Authority, at its discretion, to review some, rather than all of the contents of a SOP. Those reviews which the Authority determined should be restricted to some of the contents of the relevant SOP are referred to as “focussed reviews”.

**Table 3: Overview of investigations and reviews**

Category	2020/21	2019/20	2018/19
Investigations notified <sup>1</sup>	4	3	5
Legislation Act reviews notified <sup>2</sup>	41	28	39
Focussed reviews notified <sup>3</sup>	33	13	29
Total investigations and reviews notified	78	44	73
Total investigations and reviews completed <sup>4</sup>	65	41	74
Average time taken in days to complete <sup>5</sup>	240 (273)	356(479)	297 (448)
Focussed reviews completed	11	13	27
Average time in days taken to complete focussed reviews <sup>6</sup>	74	89	70 (137)
Investigations and reviews notified in previous reporting periods and yet to be completed	5	24	11
Investigations and reviews notified in reporting period and yet to be completed	35	30	41
Total investigations and reviews outstanding <sup>7</sup>	40 (59)	53	52
Requests for investigation or review refused	17	28	6

- 1 An investigation is undertaken pursuant to s 196B(4) to determine whether a SOP may be determined. Two investigations, thoracic outlet syndrome and gender dysphoria, were notified.
- 2 These figures refer only to reviews of all of the contents of the particular SOPs prior to their repeal pursuant to the sunset provisions in s 50 of the Legislation Act.
- 3 A focussed review is undertaken pursuant to s 196B(7A) and is restricted to some of the contents of a previously determined SOP.
- 4 These figures include all investigations and reviews completed, including focussed reviews.
- 5 Time taken is measured from date of Gazette notice of investigation to day of commencement of SOP determined, or to date of Gazette notice of Declaration that no SOP or Amendment SOP is to be determined, and expressed in days. The initial figure is the average time taken for all investigations and reviews. The average time taken for full investigations and full reviews (that is, excluding focussed reviews) follows in brackets.
- 6 In the 2018/19 year the average time was reduced as Instrument Veterans' Entitlements (Statements of Principles— Category 1B Stressor) Amendment Determination 2018 (No. 87 of 2018) amended 37 SOPs which contained a category 1B stressor factor. The figure in brackets in the 2018/19 year is for the amended SOPs other than these.
- 7 The investigations and reviews advertised but not finalised as at 30 June 2021 are detailed in Appendix 4. The Authority has listed an investigation dated 23 April 2021 in respect of the definition of 'pack-year of tobacco products' and the definition of 'pack-year' (as the case may be) in nineteen conditions as listed in Appendix 4. It has done so in order to clarify and standardise the definitions in a manner consistent with the sound medical-scientific evidence. The figure in brackets includes that investigation.

**Table 4: Outcome of investigations and reviews**

Subject of investigation or review	Outcome
1. non-aneurysmal aortic atherosclerotic disease	Previous Statements of Principles concerning non-aneurysmal aortic atherosclerotic disease repealed and new Statements of Principles determined
2. carotid arterial disease	Previous Statements of Principles concerning carotid arterial disease repealed and new Statements of Principles determined
3. renal artery atherosclerotic disease	Previous Statements of Principles concerning renal artery atherosclerotic disease loss repealed and new Statements of Principles determined
4. aplastic anaemia	Previous Statements of Principles concerning aplastic anaemia repealed and new separate Statements of Principles for aplastic anaemia and pure red cell aplasia determined
5. chloracne	Previous Statements of Principles concerning chloracne repealed and new Statements of Principles determined
6. chronic pancreatitis	Previous Statements of Principles concerning chronic pancreatitis repealed and new Statements of Principles determined
7. malignant neoplasm of bone and articular cartilage	Previous Statements of Principles concerning malignant neoplasm of bone and articular cartilage repealed and new Statements of Principles determined
8. trochanteric bursitis and gluteal tendinopathy*	Amendment Statements of Principles concerning trochanteric bursitis and gluteal tendinopathy determined
9. atherosclerotic peripheral vascular disease	Previous Statements of Principles concerning atherosclerotic peripheral vascular disease repealed and new Statements of Principles for peripheral artery disease determined
10. adhesive capsulitis of the shoulder	Previous Statements of Principles concerning adhesive capsulitis of the shoulder repealed and new Statements of Principles determined
11. spinal adhesive arachnoiditis	Previous Statements of Principles concerning spinal adhesive arachnoiditis repealed and new Statements of Principles determined
12. conjunctivitis	Previous Statements of Principles concerning conjunctivitis repealed and new Statements of Principles determined

Subject of investigation or review	Outcome
13. dengue fever	Previous Statements of Principles concerning dengue fever repealed and new Statements of Principles for dengue virus infection determined
14. malignant neoplasm of the cervix	Previous Statements of Principles concerning malignant neoplasm of the cervix repealed and new Statements of Principles determined
15. photocontact dermatitis	Previous Statements of Principles concerning photocontact dermatitis repealed and new Statements of Principles determined
16. tinnitus	Previous Statements of Principles concerning tinnitus repealed and new Statements of Principles determined
17. otitic barotrauma	Previous Statements of Principles concerning otitic barotrauma repealed and new Statements of Principles determined
18. toxic vestibulopathy	New Statements of Principles for toxic vestibulopathy determined
19. inflammatory bowel disease	Previous Statements of Principles concerning inflammatory bowel disease repealed and new Statements of Principles determined
20. intervertebral disc prolapse (Balance of Probabilities SOP only) – drafting error*	Amendment Statement of Principles concerning intervertebral disc prolapse determined
21. angle-closure glaucoma	Previous Statements of Principles concerning angle-closure glaucoma repealed and new Statements of Principles determined
22. chronic venous insufficiency of the lower limb	Previous Statements of Principles concerning chronic venous insufficiency of the lower limb repealed and new Statements of Principles for chronic venous insufficiency of the lower limb and varicose veins of the lower limb determined
23. varicose veins of the lower limb	Previous Statements of Principles concerning varicose veins of the lower limb repealed and new Statements of Principles for chronic venous insufficiency of the lower limb and varicose veins of the lower limb determined
24. dementia pugilistica	Previous Statements of Principles concerning dementia pugilistica repealed and new Statements of Principles determined
25. giant cell arteritis	Previous Statements of Principles concerning giant cell arteritis repealed and new Statements of Principles determined

Subject of investigation or review	Outcome
26. psoriasis	Previous Statements of Principles concerning psoriasis repealed and new Statements of Principles determined
27. psoriatic arthropathy	Previous Statements of Principles concerning psoriatic arthropathy repealed and new Statements of Principles for psoriatic arthritis determined
28. anosmia	Previous Statements of Principles concerning anosmia repealed and new Statements of Principles determined
29. aortic aneurysm	Previous Statements of Principles concerning aortic aneurysm repealed and new Statements of Principles for aortic aneurysm and aortic wall disorders determined
30. haemochromatosis	Previous Statements of Principles concerning haemochromatosis repealed and new Statements of Principles for hereditary haemochromatosis determined
31. otitis externa	Previous Statements of Principles concerning otitis externa repealed and new Statements of Principles determined
32. hyperacusis	New Statements of Principles concerning hyperacusis determined
33. rotator cuff syndrome*	Amendment Statements of Principles concerning rotator cuff syndrome determined
34. asthma	Previous Statements of Principles concerning asthma repealed and new Statements of Principles determined
35. acute lymphoblastic leukaemia	Previous Statements of Principles concerning acute lymphoblastic leukaemia repealed and new Statements of Principles for acute lymphoblastic leukaemia/lymphoblastic lymphoma determined
36. deep vein thrombosis	Previous Statements of Principles concerning deep vein thrombosis repealed and new Statements of Principles determined
37. pulmonary thromboembolism	Previous Statements of Principles concerning pulmonary thromboembolism repealed and new Statements of Principles determined
38. ankylosing spondylitis	Previous Statements of Principles concerning ankylosing spondylitis repealed and new Statements of Principles determined

Subject of investigation or review	Outcome
39. adenocarcinoma of the kidney	Previous Statements of Principles concerning adenocarcinoma of the kidney repealed and new Statements of Principles for malignant neoplasm of the kidney determined
40. seborrhoeic dermatitis	Previous Statements of Principles concerning seborrhoeic dermatitis repealed and new Statements of Principles determined
41. posterior tibialis tendinopathy	New Statements of Principles concerning posterior tibialis tendinopathy determined
42. inguinal hernia	Previous Statements of Principles concerning inguinal hernia repealed and new Statements of Principles determined
43. open-angle glaucoma	Previous Statements of Principles concerning open-angle glaucoma repealed and new Statements of Principles determined
44. endometriosis	Previous Statements of Principles concerning endometriosis repealed and new Statements of Principles determined
45. cerebrovascular accident*	Amendment Statements of Principles concerning cerebrovascular accident determined
46. ischaemic heart disease*	Amendment Statements of Principles concerning ischaemic heart disease determined
47. Guillain-Barre syndrome*	Amendment Statements of Principles concerning Guillain-Barre syndrome determined
48. asbestosis	Previous Statements of Principles concerning asbestosis repealed and new Statements of Principles determined
49. gastro-oesophageal reflux disease	Previous Statements of Principles concerning gastro-oesophageal reflux disease repealed and new Statements of Principles determined
50. mesangial IgA glomerulonephritis	Previous Statements of Principles concerning mesangial IgA glomerulonephritis repealed and new Statements of Principles for IgA nephropathy determined
51. malignant neoplasm of the oral cavity, oropharynx and hypopharynx	Previous Statements of Principles concerning malignant neoplasm of the oral cavity, oropharynx and hypopharynx repealed and new Statements of Principles determined
52. pes planus	Previous Statements of Principles concerning pes planus repealed and new Statements of Principles determined

Subject of investigation or review	Outcome
53. porphyria cutanea tarda	Previous Statements of Principles concerning porphyria cutanea tarda repealed and new Statements of Principles determined
54. transverse myelitis	New Statements of Principles for transverse myelitis determined
55. hypogonadism	New Statements of Principles for hypogonadism determined
56. non-Hodgkin lymphoma*	Amendment Statements of Principles concerning non-Hodgkin lymphoma determined
57. familial adenomatous polyposis	Previous Statements of Principles concerning familial adenomatous polyposis repealed and new Statements of Principles determined
58. solar keratosis	Previous Statements of Principles concerning solar keratosis repealed and new Statements of Principles determined
59. hypopituitarism*	Amendment Statements of Principles concerning hypopituitarism determined
60. diabetes mellitus*	Amendment Statements of Principles concerning diabetes mellitus determined
61. diabetes mellitus*	Amendment Statements of Principles concerning diabetes mellitus determined
62. allergic contact dermatitis	Previous Statements of Principles concerning allergic contact dermatitis repealed and new Statements of Principles determined
63. irritant contact dermatitis	Previous Statements of Principles concerning irritant contact dermatitis repealed and new Statements of Principles determined
64. acute infectious mononucleosis	Previous Statements of Principles concerning acute infectious mononucleosis repealed and new Statements of Principles determined
65. malignant neoplasm of the breast	Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning malignant neoplasm of the breast

[\*] This investigation was restricted to the notified focus of the review of the relevant SOPs as indicated.

As at 30 June 2021, the Authority had received seventeen (17) requests for review under s 196E(1) (f) of the VEA to which it decided not to carry out an investigation. All seventeen (17) decisions not to carry out a review were made under s 196CA of the VEA. Following each of these decisions written reasons were provided to the person or organisation making the request as required by s 196CA(2) of the VEA.

In summary, the Authority commenced the 2020/21 year with 54 investigations outstanding. During the course of the year, the Authority notified 78 further investigations, completed 65 investigations and as at 30 June 2020 had 67 ongoing investigations.

## **Distribution**

The shift in the method of distributing SOPs has continued during the reporting period. Since the establishment of the Authority website, most individuals and/or organisations access the SOPs through the website. SOPs continue to be physically distributed to 12 organisations and individuals.

Since 1 January 2005, all new SOPs determined by the Authority have been lodged with the Attorney-General's Department for registration on the Federal Register of Legislation (FRL), and subsequent tabling in both Houses of Parliament. The FRL website (<http://www.legislation.gov.au>) is the repository of the authoritative version of the Authority's determinations.

# Reviews by the Specialist Medical Review Council

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The VEA provides that the Repatriation Commission, the Military Rehabilitation and Compensation Commission, an ex-service person or an eligible dependant, an organisation representing veterans or a person eligible to make a claim under the MRCA may ask the Specialist Medical Review Council (SMRC) to review:

- some or all of the contents of a SOP; or
- a decision of the Authority not to make or amend a SOP in respect of a particular kind of injury, disease or death; or
- a decision by the Authority under s 196C(4) of the VEA not to carry out an investigation in respect of a particular kind of injury, disease or death.

## Reviews

In the period 1 July 2020 to 30 June 2021, the Authority did not receive any advice from the SMRC that a request for review had been received by that body nor does the SMRC have any ongoing reviews underway or decisions outstanding.

# Department of Veterans' Affairs

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Although the Authority is separate and independent of the DVA in its decision making, the Department provided the Authority with assistance and support during the year including the staff necessary to assist the Authority (s 196T of the VEA).

As in previous years, for the purposes of ss 120A(2) and 120B(2) of the VEA, the Authority consulted with DVA in order to ascertain what kinds of injury, disease or death were the most frequently claimed and the number of claims outstanding. The Department also assisted the Authority by providing Corporate Services support in the areas of Human Resource and Payroll Services, Financial Services, Office Services and Information Technology Services.

# Ex-Service Organisations, Veterans and Members

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The Authority has a policy of regular meetings with leading office bearers and officials involved with the compensation claims system, as well as accepting invitations to attend congresses of the major Ex-Service Organisations (ESOs) throughout the year. The Authority also regularly receives a number of enquires about the SOPs and their operation from ESOs, veterans and serving members. While the consultation associated with the SOPs to be determined by the Authority continued remotely and many enquiries from interested parties were received and dealt with, the congresses were suspended due to the restrictions associated with coronavirus disease 2019.

The only formal ESO meeting where the Authority was represented was the Legacy National Pensions Committee Annual General Meeting held online on 6 August 2020.

# Financial

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A summary of cash expenditure incurred by the Authority in 2020/21 with comparison to 2019/20 and 2018/19 is detailed in Table 6.

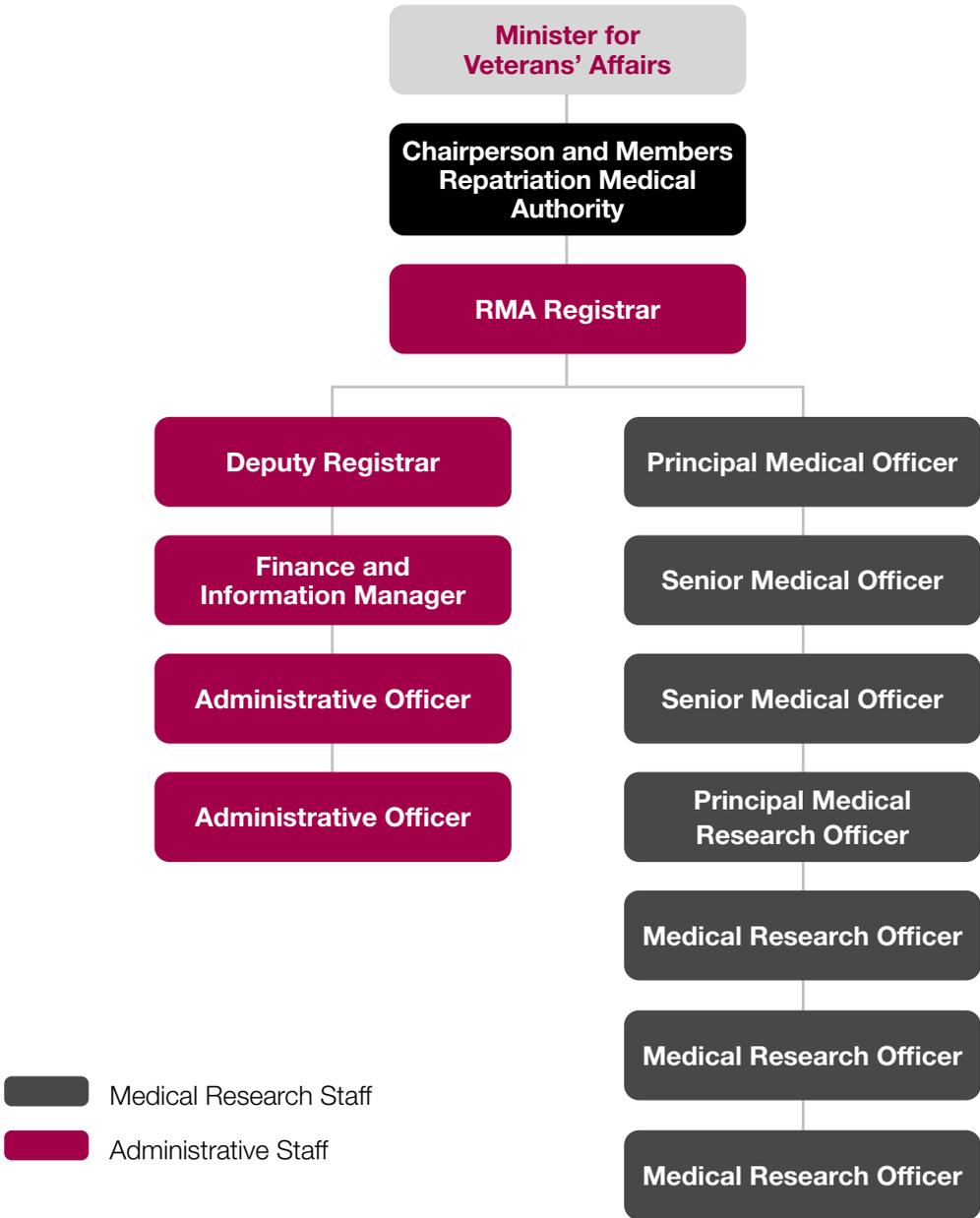
Financial information prepared on an accrual basis is included in the DVA Financial Statements.

**Table 5: Financial expenditure**

Item	2020/21	2019/20	2018/19
Salary and related expenses	\$1 911 256	\$1 911 256	\$1 849 166
Administrative expenses	\$75 311	\$75 311	\$96 689
Legal expenses	\$1 056	\$41 376	\$87 158
<b>Total expenditure</b>	<b>\$1 987 623</b>	<b>\$2 027 943</b>	<b>\$2 033 013</b>

# Appendices

## Appendix 1: RMA Secretariat staffing structure



Note: A number of the positions are staffed on 'a part-time basis'.

## Appendix 2: Statements of Principles determined 2020/21

2020/2021

Instrument No.	Title	Effective Date	Other Comments
Instrument No.	Title	Effective Date	Other Comments
52 & 53/2020	non-aneurysmal aortic atherosclerotic disease	28/09/2020	52 repeals 15/2012 53 repeals 16/2012
54 & 55/2020	carotid arterial disease	28/09/2020	54 repeals 37/2012 55 repeals 38/2012
56 & 57/2020	renal artery atherosclerotic disease	28/09/2020	56 repeals 102/2011 57 repeals 103/2011
58 & 59/2020	aplastic anaemia	28/09/2020	58 repeals 50/2012 59 repeals 51/2012
60 & 61/2020	pure red cell aplasia*	28/09/2020	58 repeals 50/2012 59 repeals 51/2012
62 & 63/2020	chloracne	28/09/2020	62 repeals 17/2012 63 repeals 18/2012
64 & 65/2020	chronic pancreatitis	28/09/2020	64 repeals 104/2011 65 repeals 105/2011
66 & 67/2020	malignant neoplasm of bone and articular cartilage	28/09/2020	66 repeals 106/2011 67 repeals 107/2011
68 & 69/2020	trochanteric bursitis and gluteal tendinopathy	28/09/2020	68 amends 45/2015 69 amends 46/2015
70 & 71/2020	peripheral artery disease	30/11/2020	70 repeals 23/2012 71 repeals 24/2012
72 & 73/2020	adhesive capsulitis of the shoulder	30/11/2020	72 repeals 7/2012 73 repeals 8/2012
74 & 75/2020	spinal adhesive arachnoiditis	30/11/2020	74 repeals 116/2011 75 repeals 117/2011
76 & 77/2020	conjunctivitis	30/11/2020	76 repeals 1/2012 77 repeals 2/2012
78 & 79/2020	dengue fever	30/11/2020	78 repeals 13/2012 79 repeals 14/2012
80 & 81/2020	malignant neoplasm of the cervix	30/11/2020	80 repeals 39/2012 81 repeals 40/2012

<b>Instrument No.</b>	<b>Title</b>	<b>Effective Date</b>	<b>Other Comments</b>
82 & 83/2020	photocontact dermatitis	30/11/2020	82 repeals 108/2011 83 repeals 109/2011
84 & 85/2020	tinnitus	30/11/2020	84 repeals 33/2012 85 repeals 34/2012
86 & 87/2020	otitic barotrauma	30/11/2020	86 repeals 35/2012 87 repeals 36/2012
88 & 89/2020	toxic vestibulopathy	30/11/2020	New condition
90 & 91/2020	inflammatory bowel disease	30/11/2020	90 repeals 19/2012 91 repeals 20/2012
92/2020	intervertebral disc prolapse	30/11/2020	92 amends 44/2016
1 & 2/2021	allergic contact dermatitis	25/01/2021	1 repeals 112/2011 2 repeals 113/2011
3 & 4/2021	irritant contact dermatitis	25/01/2021	3 repeals 110/2011 4 repeals 111/2011
5 & 6/2021	angle-closure glaucoma	25/01/2021	5 repeals 110/2011 6 repeals 111/2011
7 & 8/2021	chronic venous insufficiency of the lower limb and varicose veins of the lower limb	25/01/2021	7 repeals 120/2011 and 29/2012 8 repeals 121/2011 and 30/2012
9 & 10/2021	dementia pugilistica	25/01/2021	9 repeals 11/2012 10 repeals 12/2012
11 & 12/2021	giant cell arteritis	25/01/2021	11 repeals 71/2012 12 repeals 72/2012
13 & 14/2021	psoriasis	25/01/2021	13 repeals 31/2012 14 repeals 32/2012
15 & 16/2021	psoriatic arthritis	25/01/2021	15 repeals 5/2012 16 repeals 6/2012
17 & 18/2021	acute infectious mononucleosis	25/01/2021	17 repeals 3/2012 18 repeals 4/2012
19 & 20/2021	anosmia	25/01/2021	19 repeals 118/2011 20 repeals 119/2011
21 & 22/2021	aortic aneurysm	25/01/2021	21 repeals 9/2012 22 repeals 10/2012
23 & 24/2021	haemochromatosis	25/01/2021	23 repeals 21/2012 24 repeals 22/2012

<b>Instrument No.</b>	<b>Title</b>	<b>Effective Date</b>	<b>Other Comments</b>
25 & 26/2021	otitis externa	25/01/2021	25 repeals 58/2012 26 repeals 59/2012
27 & 28/2021	hyperacusis	25/01/2021	New condition
29 & 30/2021	rotator cuff syndrome (focussed)	25/01/2021	29 amends 100/2014 30 amends 101/2014
31 & 32/2021	asthma	5/04/2021	31 repeals 60/2012 32 repeals 61/2012
33 & 34/2021	acute lymphoblastic leukaemia/ lymphoblastic lymphoma	5/04/2021	33 repeals 75/2012 34 repeals 76/2012
35 & 36/2021	deep vein thrombosis	5/04/2021	35 repeals 54/2012 36 repeals 55/2012
37 & 38/2021	pulmonary thromboembolism	5/04/2021	37 repeals 56/2012 38 repeals 57/2012
39 & 40/2021	ankylosing spondylitis	5/04/2021	39 repeals 3/2013 40 repeals 4/2013
41 & 42/2021	malignant neoplasm of the kidney	5/04/2021	41 repeals 9/2013 42 repeals 10/2013
43 & 44/2021	seborrhoeic dermatitis	5/04/2021	43 repeals 13/2013 44 repeals 14/2013
45 & 46/2021	posterior tibialis tendinopathy	5/04/2021	New condition
47 & 48/2021	inguinal hernia	24/05/2021	47 repeals 5/2013 48 repeals 6/2013
49 & 50/2021	open-angle glaucoma	24/05/2021	49 repeals 27/2012 50 repeals 28/2012
51 & 52/2021	endometriosis	24/05/2021	51 repeals 41/2012 52 repeals 42/2012
53 & 54/2021	cerebrovascular accident (focussed)	24/05/2021	53 amends 65/2015 54 amends 66/2015
55 & 56/2021	ischaemic heart disease (focussed)	24/05/2021	55 amends 1/2016 56 amends 2/2016
57 & 58/2021	Guillain-Barre syndrome (focussed)	24/05/2021	57 amends 23/2018 58 amends 24/2018
59 & 60/2021	asbestosis	24/05/2021	51 repeals 41/2012 52 repeals 42/2012

Instrument No.	Title	Effective Date	Other Comments
61 & 62/2021	gastro-oesophageal reflux disease	21/06/2021	61 repeals 65/2013 62 repeals 66/2013
63 & 64/2021	IgA nephropathy	21/06/2021	63 repeals 52/2012 64 repeals 53/2012
65 & 66/2021	malignant neoplasm of the oral cavity, oropharynx and hypopharynx	21/06/2021	65 repeals 1/2013 66 repeals 2/2013
67 & 68/2021	pes planus	21/06/2021	67 repeals 45/2012 68 repeals 46/2012
69 & 70/2021	porphyria cutanea tarda	21/06/2021	69 repeals 43/2012 70 repeals 44/2012
71 & 72/2021	transverse myelitis	21/06/2021	New condition
73 & 74/2021	hypogonadism	21/06/2021	New condition
75 & 76/2021	non-Hodgkin lymphoma (focussed)	21/06/2021	75 amends 90/2018 76 amends 91/2018
77 & 78/2021	familial adenomatous polyposis	26/07/2021	77 repeals 39/2013 78 repeals 40/2013
79 & 80/2021	solar keratosis	26/07/2021	79 repeals 73/2012 80 repeals 74/2012
81 & 82/2021	hypopituitarism (focussed)	26/07/2021	81 amends 11/2019 82 amends 12/2019
83 & 84/2021	diabetes mellitus# (focussed)	26/07/2021	83 amends 48/2020 84 amends 49/2020

\* Following a review of the SOPs concerning aplastic anaemia, previous SOPs concerning aplastic anaemia were repealed and separate SOPs for aplastic anaemia and pure red cell aplasia were determined

# Two requests for focussed reviews into diabetes mellitus were received, concerning (1) Coxsackie B virus infection and (2) immune checkpoint inhibitors and interferon. Under s 196CB, these requests may be consolidated and a single investigation was therefore carried out in relation to those requests. The separate amendments to the diabetes mellitus SOPs which resulted were set out in the amendment SOPs.

### Appendix 3: Outstanding investigations and reviews as at 30/06/2021

The following investigations and reviews were notified in the Government Notices Gazette on the date indicated, but had not been finalised as at 30 June 2021.

Reviews and focussed reviews listed in Tables 7 and 8 refer to action undertaken by the Authority pursuant to ss 196B(7) and 196B(7A) of the VEA, respectively. S 196B(7) provides for the review of the entirety of a SOP while s 196B(7A) grants a discretion to the Authority to limit the scope of a SOP review. The Authority refers to these latter reviews as “focussed reviews” and they are listed in Table 8. The scope of each focussed review is also shown.

**Table 6: Outstanding reviews pursuant to s 196B(7)**

Review	Instrument No.	Date of Gazettal
1. allergic rhinitis	22 & 23/2014	04/05/21
2. aortic stenosis	21 & 22/2013	23/04/20
3. carpal tunnel syndrome	7 & 8/2013	23/04/20
4. chronic fatigue syndrome	11 & 12/2014	23/04/20
5. chronic gastritis and chronic gastropathy	25 & 26/2013	05/01/21
6. chronic solvent encephalopathy	71 & 72/2013	09/03/21
7. colorectal adenoma	35 & 36/2013	05/01/21
8. dental pulp and apical disease	3 & 4/2014	09/03/21
9. dermatomyositis	9 & 10/2014	09/03/21
10. epilepsy	75 & 76/2013	09/03/21
11. epileptic seizure	43 & 44/2013	09/03/21
12. erectile dysfunction	23 & 24/2012	05/01/21
13. essential thrombocythaemia	15 & 16/2013	23/04/20
14. fibromyalgia	53 & 54/2013	09/03/21
15. fibrosing interstitial lung disease	17 & 18/2012	09/03/21
16. gingivitis	45 & 46/2013	05/01/21
17. goitre	23 & 24/2013	05/01/21
18. Graves' disease	33 & 34/2013	05/01/21
19. Hashimoto's thyroiditis	31 & 32/2013	05/01/21
20. heart block	1 & 2/2014	09/03/21
21. hypertension	63 & 64/2013	05/01/21
22. hyperthyroidism and thyrotoxicosis	27 & 28/2013	05/01/21
23. hypothyroidism	29 & 30/2013	05/01/21
24. malignant neoplasm of the anus and anal canal	51 & 52/2013	05/01/21
25. malignant neoplasm of the brain	85 & 86/2016	21/05/19
26. malignant neoplasm of the colorectum	37 & 38/2013	05/01/21
27. malignant neoplasm of the larynx	61 & 62/2013	05/01/21
28. malignant neoplasm of the pancreas	73 & 74/2013	09/03/21
29. morbid obesity	5 & 6/2014	21/05/21

Review	Instrument No.	Date of Gazettal
30. motor neurone disease	67 & 68/2013	05/01/21
31. myeloma	69 & 70/2012	23/04/20
32. narcolepsy	7 & 8/2014	04/05/21
33. periodic limb movement disorder	26 & 27/2014	04/05/21
34. periodontal abscess	49 & 50/2013	05/01/21
35. polycythaemia vera	11 & 12/2013	23/04/20
36. primary myelofibrosis	17 & 18/2013	23/04/20
37. restless legs syndrome	20 & 21/2014	04/05/21
38. sick sinus syndrome	15 & 16/2014	09/03/21
39. sleep apnoea	41 & 42/2013	05/01/21
40. somatic symptom disorder	24 & 25/2014	04/05/21
41. steatohepatitis	79 & 80/2013	09/03/21
42. sudden unexplained death	57 & 58/2013	05/01/21

**Table 7: Outstanding reviews pursuant to s 196B(7A)\***

Focussed Reviews	Instrument No.	Date of Gazettal notice
1. ischaemic heart disease (psoriatic arthritis)	01 & 02/2016	21/05/21
2. malignant neoplasm of the brain (pesticides, herbicides and non-ionising radiation)	85 & 86/2016	21/05/21
3. malignant neoplasm of the prostate (asbestos exposure)	53 & 54/2013	21/05/21

\* In April 2021 the Authority also decided to issue a notice of investigation for a focussed review of the definition of 'pack-year of tobacco products' and the definition of 'pack-year' (as the case may be) in the SOPs for 19 conditions.





# Glossary of terms

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BOP	Balance of Probabilities
DVA	Department of Veterans' Affairs
ESO	Ex-Service Organisation
FAQs	Frequently Asked Questions
FOI	Freedom of Information
FRL	Federal Register of Legislation
FTE	Full-Time Equivalent
IPS	Information Publication Scheme
MRCA	<i>Military Rehabilitation and Compensation Act 2004</i>
RH	Reasonable Hypothesis
RMA	Repatriation Medical Authority
SMRC	Specialist Medical Review Council
SOP	Statement of Principles
VEA	<i>Veterans' Entitlements Act 1986</i>

